

July 22, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-0707-01
IRO Certificate No.: IRO 5055

Dear

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating physician. Your case was reviewed by a physician reviewer who is Board Certified in Pain Management.

THE PHYSICIAN REVIEWER OF YOUR CASE **AGREES** WITH THE DETERMINATION MADE BY THE UTILIZATION REVIEW AGENT ON THIS CASE. REVIEWER HAS DETERMINED THAT AN IDET PROCEDURE AT THE L5-S1 LEVEL WAS NOT MEDICALLY NECESSARY.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of

Proceedings within ten (10) days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you five (5) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on January 8, 2003.

Sincerely,

MEDICAL CASE REVIEW

This is for ____, ____. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0707-01, in the area of Pain Management. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Request for review of denial of IDET.
2. Correspondence and documentation.
3. History and physical.
4. Operative reports.
5. Radiology reports.
6. Nerve conduction reports.

B. BRIEF CLINICAL HISTORY:

The patient slipped and fell at work on ____, injuring his back and his knee. On August 23, 2000, he had a diskogram done by ____ which was positive

with concordant pain at the L5-S1 level and classical pattern of early disk degeneration. On January 10, 2001, the patient underwent L5-S1 microlaminectomy and discectomy.

On July 11, 2001, an MRI of the lumbar spine showed no evidence of an active inflammatory process, but did show postoperative changes at the level of L5-S1 with extensive enhancing fibrotic material surrounding the right S-1 nerve root and also within the L5-S1 neuroforamen on the left. There was also a well-circumscribed defect in the superior endplate of S-1 that persisted and was unchanged. There was some uncertainty as to whether this was postoperative change or an inflammatory change.

On October 23, 2001, ____ stated the claimant continued to have severe axial back pain. He also noted that the MRI demonstrated a desiccated and displaced disk at the L5-S1 level and that the patient may be a candidate for an IDET procedure. At that time, he requested a repeat diskogram.

On November 8, 2001, ____ documented severe excruciating axial back pain with radiation into his left lower extremity. Physical examination documented that he was neurologically intact.

On January 8, 2002, an electromyogram and nerve conduction study showed a moderate degree of chronic lumbar radiculopathy involving the S-1 nerve roots bilaterally with some chronic denervation changes noted. There was no evidence of a peripheral neuropathy or a myopathic process. There seems to be no evidence of any conservative management done following his surgery.

C. DISPUTED SERVICES:

Request for an IDET procedure at the L5-S1 level.

D. DECISION:

I DISAGREE THAT THE TREATMENT RECOMMENDED IN THIS CASE IS MEDICALLY NECESSARY.

E. RATIONALE FOR DECISION:

This patient has had a previous microdiscectomy done at the L5-S1 level, and there is MRI evidence of scar tissue compromising the exiting foramen at that level. There is also evidence of S-1 nerve root compression as shown by continuing radicular pain. The recommendations for IDET are fulfilled partially, but one of the contraindications to IDET is previous surgery at this level, and as this

patient has already had a microdiskectomy done at this level, it would seem that an IDET would not be indicated. Other forms of treatment to address scar tissue in the epidural space which is producing radicular symptoms should probably be considered.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 19 July 2002